

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
MAY 11 2017
Bayfield Co. Zoning Dept

Permit #: 17-0191
Date: 6-2-17
Amount Paid: 357.50
Refund: 40-8-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Bayfield Electric Coop	Mailing Address: PO Box 68	City/State/Zip: Iron River WI	Telephone: 715-372 4287
Address of Property: Same 68460 District Street	City/State/Zip: Iron River WI	54847	Cell Phone: 715-813-0819
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION 1/4, 1/4	Legal Description: (Use Tax Statement) 20740	Tax ID# (4-5 digits) 20740	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R-_____
Section 08 , Township 47N N, Range 08 W	Vol & Page	Lot(s) No.	Block(s) No.
Subdivision:	Lot Size	Acreage	

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: _____ feet			

Value at Time of Completion * include donated time & material \$148,000	Project <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/> _____	# of Stories and/or basement <input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation <input type="checkbox"/> _____	Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> _____	# of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> _____	What Type of Sewer/Sanitary System Is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Water <input type="checkbox"/> City <input type="checkbox"/> Well <input type="checkbox"/> _____
--	--	---	---	---	--	---

Existing Structure: (if permit being applied for is relevant to it)	Length: 120	Width: 60	Height: 24
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X)	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input checked="" type="checkbox"/> Accessory Building (specify) _____ <input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> 60 X 120) (<input type="checkbox"/> X)	7260
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Rec'd for issuance MUN 07 2017 <input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Secretarial Staff other: (explain) _____	(<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Bay Field Electric**

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **Roy Roock**

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

Date **May 11-17**
Date **May 11-17**

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

SEE ATTACHED!

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way ATV	200 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	180 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	90 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	540 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

16-011(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: N/A	# of bedrooms: 4	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0191		Permit Date: 6-2-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of Inspection: 5-16-17	Inspected by: SCMCDOTT					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)						
Building shall not be used for human habitation or non commercial/industrial purposes						
Signature of Inspector:					Date of Approval: 5-17-17	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

City, Village, State or Federal
May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0191** Issued To: **Bayfield Electric Co-op**

Location: **NE** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **8** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot **2** Block Subdivision CSM#

For: **Commercial Accessory Structure: [1- Story; Accessory Structure (60' x 120') = 7,200 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation or non-commercial / industrial purposes.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 2, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
ENTERED
APR 10 2017
Bayfield Co. Zoning Dept.

Permit #:	17-02008
Date:	6-5-17
Amount Paid:	\$295 4-12-17
Refund:	CASH

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <u>Charles A. Porter</u>		Mailing Address: <u>2665 St Hwy 18</u>		City/State/Zip: <u>Ashland, WI 54806</u>		Telephone: <u>715-746-2700</u>		
Address of Property: <u>65335 South Point Dr</u>		City/State/Zip: <u>Iron River, WI</u>		City/State/Zip: <u>54847</u>		Cell Phone: <u>715-492-2210</u>		
Contractor: <u>Copper Creek Construction</u>		Contractor Phone: <u></u>		Plumber: <u></u>		Plumber Phone: <u></u>		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <u></u>		Agent Mailing Address (include City/State/Zip): <u></u>		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID # (4-5 digits)		19846		Recorded Deed/Lease # assigned by Register of Deeds Document #: <u>201712</u> R- <u>507794</u>		
		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
<u>W 1/4 E 473, 1/4</u>		<u>4</u>		<u></u>		<u></u>		<u></u>
Section <u>28</u> , Township <u>47</u> N, Range <u>8</u> W		Town of: <u>Iron River</u>		Lot Size		Acreage		<u>4.9</u>
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →		Distance Structure is from Shoreline: <u></u> feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →		Distance Structure is from Shoreline: <u>145</u> feet				

Value at Time of Completion * include donated time & material <u>\$65,600</u> <u>\$145 Fee</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water						
							<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
							<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>Drain Field</u>
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Drain Field</u>
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)							
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet							

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>40 x 50</u>	Width: <u>150</u>	Height: <u>25'</u>
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Rec'd for Issuance Residential Use JUN 05 2017	<input type="checkbox"/>	Principal Structure (first structure on property)	()	()
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	()	()
	<input type="checkbox"/>	with loft	()	()
	<input type="checkbox"/>	with a Porch	()	()
	<input type="checkbox"/>	with (2 nd) Porch	()	()
	<input type="checkbox"/>	with a Deck	()	()
	<input type="checkbox"/>	with (2 nd) Deck	()	()
	<input type="checkbox"/>	with Attached Garage	()	()
	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
	<input type="checkbox"/>	Mobile Home (manufactured date)	()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify)	()	()
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Garage</u>	(40 x 50)	2,000
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	()	()
	<input type="checkbox"/>	Special Use: (explain)	()	()
	<input type="checkbox"/>	Conditional Use: (explain)	()	()
<input type="checkbox"/>	Other: (explain)	()	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Charles Porter Date 4-5-17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Charles Porter Date 4-5-17
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 2665 St Hwy 18 Ashland, WI 54806 Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Drawings attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	240 Feet	Setback from the Lake (ordinary high-water mark)	145 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	145 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	240 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	34 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	95 Feet
Setback to Drain Field	100 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0808	Permit Date: 6-5-17				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) (Used/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: pota present for inspection					
Date of Inspection: 5-3-17	Inspected by: J. Murphy				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached)					
Building shell not to be used for human habitation in sleeping purposes + shell not to be used for any other water in any purposes					
Signature of Inspector:	Date of Approval: 5-4-17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		



Bayfield County GIS

X: 693552.55 Y: 433923.09

Current Action: Re-center Map

024103000001



Iron River

SHOULDCARRY LAKE RD

SHOULDCARRY LAKE RD

04024247082830500404000

04024247082830500404000

50 m

200 ft

Current theme:

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0202** Issued To: **Charles Porter**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **28** Township **47** N. Range **8** W. Town of **Iron River**

W 225' of E 477' of

Gov't Lot **4** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Garage (40' x 50') = 2,000 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation or sleeping purposes and shall not have interior pressurized water. Building shall not be used for commercial purposes unless necessary permit is approved.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 5, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAY 08 2017
ENTERED

Permit #:	17-0803
Date:	6-6-17
Amount Paid:	\$3305.917
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Bayfield Co. Zoning Dept

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Mitch Steeds</u>	Mailing Address: <u>9745 McCarty Lake Rd Iron River, WI 54847</u>	Telephone: _____
Address of Property: <u>9745 McCarty Lake Rd</u>	City/State/Zip: <u>Iron River, WI 54847</u>	Cell Phone: <u>715-813 0479</u>
Contractor: _____	Contractor Phone: _____	Plumber: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>20172</u>	Tax ID# (4-5 digits) <u>20172</u>
Gov't Lot <u>1</u>	Lot(s) <u>1</u>	CSM <u>1945</u>
Vol & Page _____	Lot(s) No. _____	Block(s) No. _____
Section <u>28</u> , Township <u>47</u> N, Range <u>8</u> W	Town of: <u>Iron River</u>	Lot Size _____
Acres <u>4.354</u>	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland → <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →	Distance Structure is from Shoreline: <u>78</u> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		

Value at Time of Completion * include donated time & material <u>\$110000</u>	Project: <input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input checked="" type="checkbox"/> <u>Reze necessary</u>	# of Stories and/or basement <u>2</u>	Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation <input type="checkbox"/> Slab	# of bedrooms <u>2</u>	What Type of Sewer/Sanitary System Is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Sepic</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Water <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
---	---	---------------------------------------	--	------------------------	---	--

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>52</u>	Width: <u>46</u>	Height: <u>23</u>
Proposed Construction: * <u>new</u>	Length: _____	Width: _____	Height: _____

Proposed Insurance <input checked="" type="checkbox"/>	Proposed Structure	Dimensions	Square Footage
JUN 06 2017	<input type="checkbox"/> Principal Structure (first structure on property)	(<u>38</u> x <u>48</u>)	<u>1824</u>
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <u>ingrader</u>	(<u>8</u> x <u>48</u>)	<u>384</u>
	<input type="checkbox"/> with Loft	(<u>8</u> x <u>48</u>)	<u>384</u>
	<input type="checkbox"/> with a Porch	(<u>8</u> x <u>48</u>)	<u>384</u>
	<input type="checkbox"/> with (2 nd) Porch	(<u>8</u> x <u>48</u>)	<u>384</u>
	<input type="checkbox"/> with a Deck	(<u>8</u> x <u>48</u>)	<u>384</u>
	<input type="checkbox"/> with (2 nd) Deck	(<u>8</u> x <u>48</u>)	<u>384</u>
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/> with Attached Garage	(<u>13</u> x <u>22</u>)	<u>286</u>
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>8</u> x <u>48</u>)	<u>384</u>
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<u>8</u> x <u>48</u>)	<u>384</u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	(<u>8</u> x <u>48</u>)	<u>384</u>
	<input type="checkbox"/> Accessory Building (specify) _____	(<u>8</u> x <u>48</u>)	<u>384</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u>8</u> x <u>48</u>)	<u>384</u>
	<input type="checkbox"/> Special Use: (explain) _____	(<u>8</u> x <u>48</u>)	<u>384</u>
	<input type="checkbox"/> Conditional Use: (explain) _____	(<u>8</u> x <u>48</u>)	<u>384</u>
	<input type="checkbox"/> Other: (explain) _____	(<u>8</u> x <u>48</u>)	<u>384</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Dana Steeds + M Steeds Date 5-8-17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

See box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

see survey map attached

Changes in plans must be approved by the Planning & Zoning Dept.

Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	78 Feet
Setback from the Established Right-of-Way	300 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	360 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	78 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	180 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	120 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	14 Feet	Setback to Well	61 Feet
Setback to Drain Field	80+ Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 404115	# of bedrooms: 2	Sanitary Date: 8-27-02		
Permit Denied (Date):		Reason for Denial:				
Permit #: 12-0003	Permit Date: 6-6-17	Fees: 152				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: EXISTING NONHABITABLE CHAIR BEING RAISED						
INSIDHOUSE IN ABOUT SAME LOCATION IN 10 YEARS						
Date of Inspection: 5-9-17	Inspected by: J. Murphy	for 1 year				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	(if No they need to be attached)					
Deemany use permit & inspection shall be obtained & complied with.						
Signature of Inspector: [Signature]						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 6-6-17		

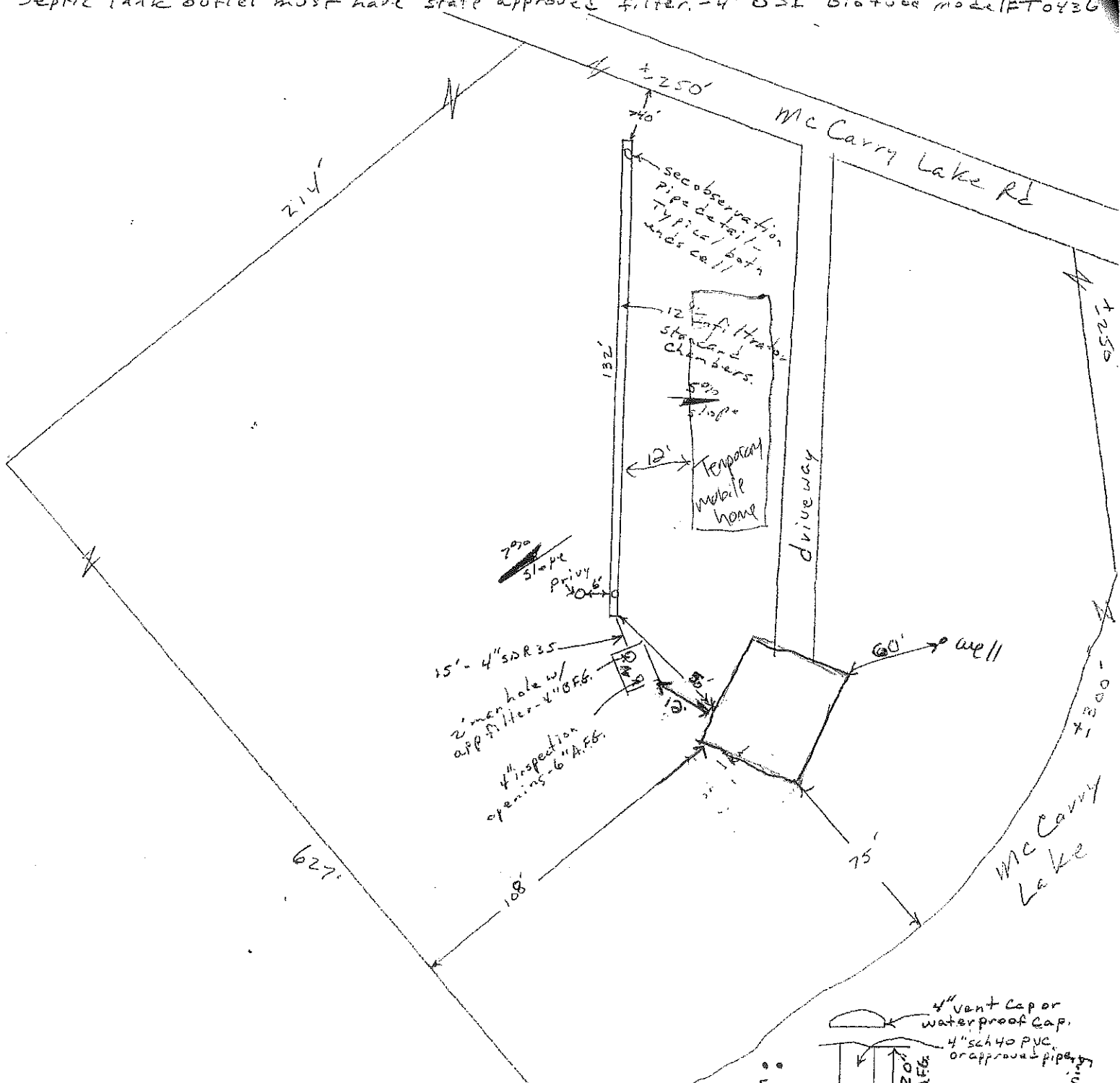
P.O. Box 522
Iron River WI 54847
M.R.S. # 320090

Twp of Conception
* = B.M. S.V.R.P. = Elev. 100.0'
System Elev. 96.0'

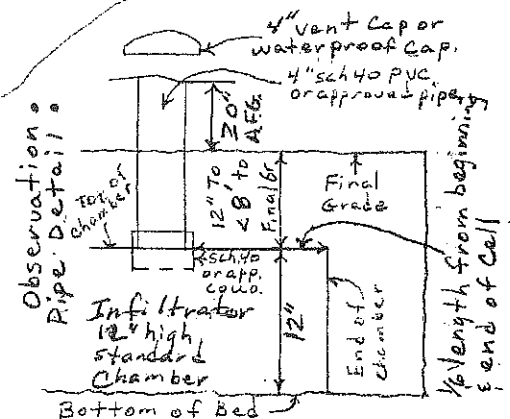
Component Manual
SBD-10567-PCR.6/99

Alta Park
parcel ID # 024-1108-08

Septic Tank is 1000 gallon wieser concrete - 10' L - 8' W. and
42" from bottom of tank to flow line inlet
Chamber Specs: 34" width - 75" Length - 11" height - 8" FL manifold to trench
Septic Tank outlet must have state approved filter - 4" OSI Biotube model FT0436



Legal Description:
SW 1/4 SE 1/4 Sec 28 T47 N. R8 W
60' Lot #2 Tract 18
Town of Iron River
Bayfield Co.



City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – Reconnect (404115)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0203** Issued To: **Mitchell & Dana Steeb**

Location: - ¼ of - ¼ Section **28** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot **1** Block Subdivision CSM# **1945**

For: **Residential Use: [1.5- Story; Residence (38' x 48') = 1,824 sq. ft.; Porch (8' x 48') = 384 sq. ft.; Attached Garage (13' x 22') = 286 sq. ft.] Total Overall = 2,392 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Necessary UDC permit and inspections shall be obtained and complied with. Existing mobile home shall be disconnected prior to connection of new home. Connection shall be made by Master Plumber.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 6, 2017

Date

SUBMIT: COMPLETED APPLICATION TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
MAY 08 2017

Bayfield Co. Zoning Dept.

Permit #:	17-0005T
Date:	6-6-17
Amount Paid:	\$505-9-17
Return:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Mitch Steels	Mailing Address: 9745 McLang Lake Rd Iron River WI	Telephone:
Address of Property: 9745 McLang Lake Rd	City/State/Zip: Iron River WI 54847	Cell Phone: 715-813-0479
Contractor:	Contractor Phone: Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) 26172	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: R-
Gov't Lot: 1	CSM: 1945	Vol & Page: Lot(s) No. Block(s) No. Subdivision:
Section 28, Township 47 N, Range 8 W	Town of: Iron River	Lot Size: Acreage: 4.35
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Yes--continue <input type="checkbox"/> No	Distance Structure is from Shoreline: 72 feet
	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue <input checked="" type="checkbox"/> Yes--continue <input type="checkbox"/> No	Distance Structure is from Shoreline: 140 feet
		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ N/A	New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: Septic	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	Conversion	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	Run a Business on Property	<input type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet		
	A Vegetation					

Existing Structure: (if permit being applied for is relevant to it) None while building permanent residence
Proposed Construction: Length: 70 Width: 14 Height: 12
Length: Width: Height:

Reedidatibance	Proposed Structure	Dimensions	Square Footage
JUN 06 2017	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/> Residential Staff	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Deck	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify)	(X)	
	Accessory Building (specify)	(X)	
	Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain) temporary dwellings	(14 X 70)	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mitch Steels + MW SPS Date 5-8-17

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

see survey

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-000ST		Permit Date: 6-6-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel In Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No				
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: owners present for inspection		Zoning District (R-1)				
Date of Inspection: 5-9-17		Inspected by: JC Murphy		Lakes Classification: Waterway		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)						
mobile home must be removed w/in 1 year from the date of issuance unless extended by department's mobile home must be disconnected from ports prior to connection of new home						
Signature of Inspector:		Date of Approval: 6-6-17				
Hold For Sanitary: <input type="checkbox"/>		Hold For BA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

Bayfield County Web AppBuilder

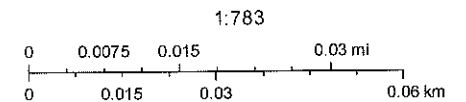


May 4, 2017

- Building
- Corner Tie Sheets
 - Section Corner Monument on File
 - Section Corner Monument Referenced on Survey
- Survey Maps
 - UnRecorded Map

- Recorded Map
- Road Type
 - CFR
 - County
 - Federal
 - Private
- State
- Town
- Municipal Boundary
- Section Lines
- Approximate Parcel Boundary
- Meander Line

- Tie Line
- Rivers
- Douglas Co Parcels
- Ashland Co Parcel



Bayfield County
Bayfield

City, Village, State or Federal
Permits May Also Be Required
TEMPORARY

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0005T** Issued To: **Mitchell & Dana Steeb**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **28** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot **1** Block Subdivision CSM# **1945**

For: **Residential Use:** [Temporary permit allowing existing structure for a period of less than 1 year.
1 - Story, Mobile Home]

Condition(s): Mobile home must be removed within one year from the date of issuance unless extended by department. Mobile home must be disconnected from POWTS prior to connection of new home.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 6, 2017

Date